11300 Greenstone Ave. • CA • 90670-4619 • (562) 944-9713 • Fax (562) 941-1817 • www.santafesprings.org

To:

ALL PERMIT BY RULE (PBR) AND CONDITIONALLY AUTHORIZED

(CA) FACILITIES

Date:

February 22, 2006

Re:

2006 ANNUAL TIERED PERMIT REQUIREMENTS

The Santa Fe Springs Fire Department (the local CUPA) is responsible for reviewing and processing notifications for hazardous waste generators conducting onsite treatment under the tiered permit program. Facilities under Permit By Rule are required to file for notification annually to the CUPA. Please complete the enclosed annual renewal forms and return them to the Fire Department. For Conditionally Authorized facilities, you are required to submit an annual Waste Minimization Certification for wastes generated and treated on site (form enclosed).

Each year, facilities treating hazardous waste under PBR and CA tiers are required to adjust their Closure Costs for inflation. The updated information must be kept on file and available for inspection. The updates do not need to be submitted to the CUPA. The inflation factor (GDP Implicit Price Deflator) to be used for the 2006 Closure Costs adjustment is 2.541.

When you complete the attached forms and submit them to the Fire Department, you will satisfy the 2006 annual notification requirements for PBR and CA tiers. These requirements are established by the California Code of Regulations, Title 22, Section 67450.3(c) for the notification, and waste minimization certification by CHSC 25202.9.

If you have any questions regarding these tiered permitting requirements, please contact Steve Koester at (562) 906-3811.

Sincerely.

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Fire Chief

NW/JO/sk

Enclosure

UNIFIED PROGRAM (UP) FORM **ONSITE HAZARDOUS WASTE TREATMENT— Minimization Certification Statement** FACILITY ID# BUSINESS NAME (Same as FACILITY NAME or DBA Doing Business As) I. CERTIFICATION AND SIGNATURE Waste Minimization I certify that I have a program in place to reduce the volume, quantity and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. Tiered Permitting Certification | I certify that the unit or units described in these documents meet the eligibility and operating requirements of state statutes and regulations for the indicated permitting tier, including generator and secondary containment requirements. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are substantial penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. SIGNATURE OF OWNER/OPERATOR DATE NAME OF OWNER/OPERATOR TITLE OF OWNER/OPERATOR OFFICIAL USE ONLY DATE RECEIVED REVIEWED BY

DISTRICT

CUPA

PA

INSPECTOR